

BEST AVAILABLE COPY
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 01672898		FILING DATE 9/29/00				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6			1				56						
7				1			57						
8					1		58						
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11						1	61						
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13						1	63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		3				TOTAL IND.						
TOTAL DEP.		1		1			TOTAL DEP.		1		1		1
TOTAL CLAIMS	5		4				TOTAL CLAIMS		2		2		2